

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/03/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445292	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 05/02/2012
NAME OF PROVIDER OR SUPPLIER BEECH TREE MANOR			STREET ADDRESS, CITY, STATE, ZIP CODE 240 HOSPITAL LANE, PO BOX 300 JELICO, TN 37762		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 050 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2 This STANDARD is not met as evidenced by: Based on observation, the facility failed to assure staff members are familiar with proper fire drill procedures. The findings include: Observation during a fire drill conducted on May 2, 2012 at 10:00 a.m. revealed the person discovering the fire did not check the bathroom and did not announce the code phrase. This finding was verified by the Maintenance Director and acknowledged by the Administrator during the exit conference on May 2, 2012	K 050	K050 1) All staff will educated on correct Fire Drill procedures by 6-14-2012. 2) Random Fire Drills will be conducted to ensure compliance with Fire Drill procedure thru 6-14-2012.		
K 052 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4	K 052	K052 . Sensitivity test was completed on 05-15-2012 by CESco. Future test will be documented on calendar so that they are done in a timely manner. Administrator or designee will ensure testing will be done every two years.		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

James Segan

Administrator

5-17-12

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 052	Continued From page 1		K 052		
	<p>This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to do assure smoke detectors were tested for sensitivity every two (2) years.</p> <p>The findings include:</p> <p>Record review and interview with the Maintenance Director on May 2, 2012 at 9:06 a.m. confirmed that the facility failed to test smoke detectors for sensitivity every two (2) years.</p> <p>This finding was verified by the Maintenance Director and acknowledged by the Administrator during the exit conference on May 2, 2012.</p>				
K 147 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2</p> <p>This STANDARD is not met as evidenced by: Based on observation, the facility failed to assure electrical panels have a three (3) feet clearance in front of them. (NFPA 70, 110-26(a))</p> <p>The findings include:</p>		K 147	<p>K147. Carts will be moved away from panels, Staff instructed not to park carts within 36 inches of the panel. Staff inserviced on keeping carts from blocking access to panels, Signs will be placed on panels to indicate no obstruction within 36 inches of panel these signs will be placed on panel by 5-23-2012.</p>	

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K 147	Continued From page 2 Observation on May 2, 2012 at 10:32 a.m. revealed that there were soiled utility carts in front of the electrical panels in the 300 Hall soiled utility room. This finding was verified by the Maintenance Director and acknowledged by the Administrator during the exit conference on May 2, 2012.		K 147		